

STARS Educational Exemption Request

SECTION I. YOUR INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Phone Number (____) _____ E-mail address: _____

STARS ID _____ Birth date: ____/____/19__

Year you began in child care, early childhood education or school-age care: _____

SECTION II. EDUCATIONAL EXEMPTION INFORMATION

To be considered, please mark an option below and attach documentation that supports that option. *An educational exemption is not required; it is one way to meet the 20-hour STARS training requirement. If you have met the requirement, or are going to take the training, do NOT apply. We will send a response within 30 calendar days. **If your current name is not on the documentation, include proof of name change (e.g., marriage certificate).***

I work in a licensed center, family child care home **or** school-age program and have attached documentation of my:

- ☐ 12 college quarter credits specifically identified in Early Childhood Education/Child Development
- ☐ Associates (or higher) Degree in Early Childhood Education/Child Development
- ☐ Current Child Development Associate (CDA) credential
- ☐ Montessori credential from a MACTE-accredited Montessori training program
- ☐ Completion of 13 military modules

I work in a program **licensed as** family child care and have attached documentation of my:

- ☐ Associates (or higher) Degree in school-age care, elementary education, special education or recreation

I work in a program **licensed as** school-age care and have attached documentation of my:

- ☐ College degree (associates or higher) in school-age care, elementary education, special education or recreation
- ☐ 45 college quarter credits specifically in school-age care, elementary education, special education or recreation
- ☐ [Group leaders only] 12 college quarter credits specifically in school-age care, elementary education, special education or recreation.

www.del.wa.gov/stars

E-mail: stars@del.wa.gov

Fax: 360.413.3482

Mail: DEL STARS/P.O. Box 40970/Olympia, WA 98504-0970

SECTION III. LICENSED PROVIDERS' EMPLOYMENT INFORMATION

Name of place of employment **as it appears on the license** _____

License/Control Number (not provider number) _____

Usually located at the top left corner of the license; contact your licenser for assistance

Fill in the job title that **most** closely describes what you do:

☐ Child Care Center Director*

☐ Child Care Center Program Supervisor*

☐ Child Care Center Lead Teacher*

☐ Child Care Center Assistant or Aide

☐ School-Age Program Director*

☐ School-Age Site Coordinator*

☐ School-Age Lead Staff or Group Leader*

☐ School-Age Child Care Assistant

☐ Family Child Care Provider/Licensee*
(Person whose name is on the license)

☐ Family Child Care Primary Worker*

☐ Family Child Care Assistant

☐ Other _____

SECTION IV. RELEVANT TRAINING (It is not necessary to attach documentation for these items)

Month/year taken Month/year expires

First Aid Class ____/____

____/____

Food Handler's Permit Expires ____/____

CPR Class ____/____

____/____

HIV/AIDS Class Taken ____/____

_____ Training Hours (NOT credits) previous to 1999 or other than STARS

_____ College Credits (not hours) previous to 1999 or other than STARS

SECTION V. RELEVANT CREDENTIALS (Attach documentation)

Degree/Credential
AA, BA, CDA, etc.

Year Received

School or Institution

Major/Subject Area

Expiration
If applicable

SECTION VI. STATEMENT OF UNDERSTANDING

The information I provided is true and accurate. *Information shared with DEL becomes public records; some information in public records is available to the general public upon request.* I understand that all submissions (forms and documentation) become the property of DEL and will not be returned.

Signature: _____

Date: _____